									Application or Docket Number					
سو	PATENT		N FEE D	D) O448759									
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OR	OTHER THAN SMALL ENTITY		
FOR			NUMBER FILED			NUMBER EXTRA		RAT	E	FEE	1	RATE	FEE	
BASIC FEE										345.00	OR		690.00	
TOTAL CLAIMS 5			75 minus 20=			. 55		X\$ 9	=		OR	X\$18=	990	
IND	EPENDENT CL	AIMS	φ minus 3 =			. 3			-		OR	X78=	22	
MULTIPLE DEPENDENT CLAIM PRESENT								+130				+260=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR		200		
									יר [· · · · · ·	OR	TOTAL	1914	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						(Column 3)	SMALL ENTITY			OR	OTHER THAN OR SMALL ENTITY			
AMENDMENT A		REMA AF	AIMS VINING TER DMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	·	3	Minus	••		=	X\$ 9	=		OR	X\$18=		
	Independent	·		Minus **			=	X39=			OR	X78=		
`	FIRST PRESE	NTATIO	N OF M	JLTIPLE DEI	PEND	ENT CLAIM		+130				+260=		
							•	10			OR	TOTAL		
			-			•		ADDIT. F			OR .	ADDIT. FEE		
	747608WH274570		imn 1)			olumn 2) IIGHEST	(Column 3)		_	1001			4001	
AMENDMENT B		REMA AF	AINING TER DMENT		PR	NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•		Minus	••		=	X\$ 9	-		0,R	X\$18=		
	Independent	•		Minus	•••		=	X39=			OR	X78=		
	FIRST PRESE	NTATIO	N OF MU	JETIPLE DEI	PENU	ENI CLAIM		+130:			OR	+260=		
											OR	TOTAL ADDIT, FEE		
	(Column 1) (Column 2) (Column 3)													
AMENDMENT C		REMA AFI	IMS UNING TER DMENT		PRI	IIGHEST IUMBER EVIOUSLY AID FOR	PRESENT EXTRA	RATE	5	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	• 0	28	Minus	••	75		X\$ 9=	<u>.</u>		OR	X\$18=		
	Independent	*	3	Minus	•••	0	=	X39=	1		OR	X78=		
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+					
_		4 :- 1	15 AL	a antasta astro		wite 475 in est	uma 2	+130=	_L		OR	+260=		
** ;	the entry in column the Highest Number 1	nber Prev	riously Pa	id For IN THIS	S SPAC	CE is less that	n 20, enter "20."	ADDIT. FE			OR ,	TOTAL ODIT. FEE		
••••	f the "Highest Nur The "Highest Num	mber Previ ber Previ	viously Paid ously Paid	us ror in THI: d For (Total or	s SPA! Indep	endent) is the	n 3, enter "3." highest number fo	ound in the	арри	opriate box	in colu	ımn 1.	1	